ALABAMA CENTRAL DISBURSEMENT DIVISION
DIRECT DEPOSIT OF CHILD SUPPORT PAYMENTS
AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

I authorize the Alabama Central Disbursement Division (ACDD) and the financial institution listed below to electronically deposit my child support payment each time payments are received in the ACDD from the Alabama Child Support Payment Center to the specified (Please check one):

❑ CHECKING

❑ SAVINGS ACCOUNT

_____   _____
Bank Name   Branch

_____   _____   _____
City   State   Zip Code

_____   _____
Bank Transit/ ABA Number (**VERIFY WITH YOUR BANK**)   Account Number

If monies to which I am not entitled are deposited to my account, I authorize the ACDD to place a hold on my account until said amount is recovered and/or direct the financial institution to return said funds. This authority will remain in effect until I have filed a new authorization, or until revoked by me in writing, or upon termination of child support payments by court order.

I agree to keep the ACDD informed of my current mailing address. I understand that my monies may be held by the ACDD and will not be deposited in my account if I cannot be contacted.

By signing this form, I authorize my child support payment to be sent to the financial institution named above, to be deposited to the designated account.

I certify that I am the named recipient of child support monies as ordered by the court, in Case Number (**as it appears on my ACDD child support check or court order**):

_____   _____   _____   _____ **.** _____
(County Number)   (Prefix)   (Year)   (Eight digits including point numbers)
and that I have read and understand this form.

_____   _____
Name (PRINTED)   Social Security Number

_____   _____
Address   Daytime telephone number (Required)

_____   _____
City, State, Zip   E-mail address (Optional)

_____   _____
Signature   Date

In order for your request to be processed:
- **You must attach a voided check to verify bank account deposits to a Checking Account.**
- **An attached preprinted deposit slip or bank letter is required for deposits to a Savings Account.**
- **If using a prepaid debit card (other than our Spectrum) please attach the cards enrollment form.**
- **All blanks must be completed.**

For accuracy, verify routing numbers with your bank before submitting this form for processing.

Mail to: ACDD, P. O. Box 4960, Montgomery, Alabama 36103-4960 or FAX to: 334-954-5181

For questions call toll free 1-877-774-9513   01062009   ACDD